

Women sometimes pay more than **400 €** for an abortion



On the accessibility of abortions in Slovakia

“

As a divorced mother of two children who I love above all else, and with a mortgage in the capital city, I could not afford having another child on my own. We would have fallen into poverty. We would have lost our flat.

A Freedom of Choice survey
respondent, 2021

“

I tried to induce a miscarriage... hot baths, alcohol consumption and other internet nonsense.

A Freedom of Choice survey
respondent, 2021

“

I was 16 and I did not have a gynaecologist. I could not have my parents learn of this. I underwent abortion in secret and in "my own way" (...)

A Freedom of Choice survey
respondent, 2021

The right to health requires that women have timely access to safe, affordable and high-quality abortion services. **Any limitations of the access to abortion care:**



PUT WOMEN'S HEALTH AND
LIVES AT RISK



REINFORCE INEQUALITY,
DISCRIMINATION AND POVERTY
OF WOMEN



VIOLATE A WHOLE RANGE OF
WOMEN'S HUMAN RIGHTS

Limiting access to abortion may result in delayed in abortion care or to abortions being performed in dangerous conditions, using unsafe methods.



Slovakia has declared its commitment to the protection of reproductive rights in its Constitution and laws, as well as by ratifying international conventions. It has also demonstrated its willingness to implement them in practice by voluntarily becoming a member of the United Nations, the Council of Europe and the European Union. Besides human rights authorities, reproductive rights are also protected by medical authorities such as the World Health Organisation which has summarised the human rights and health standards in the Abortion Care Guideline (WHO, 2022).

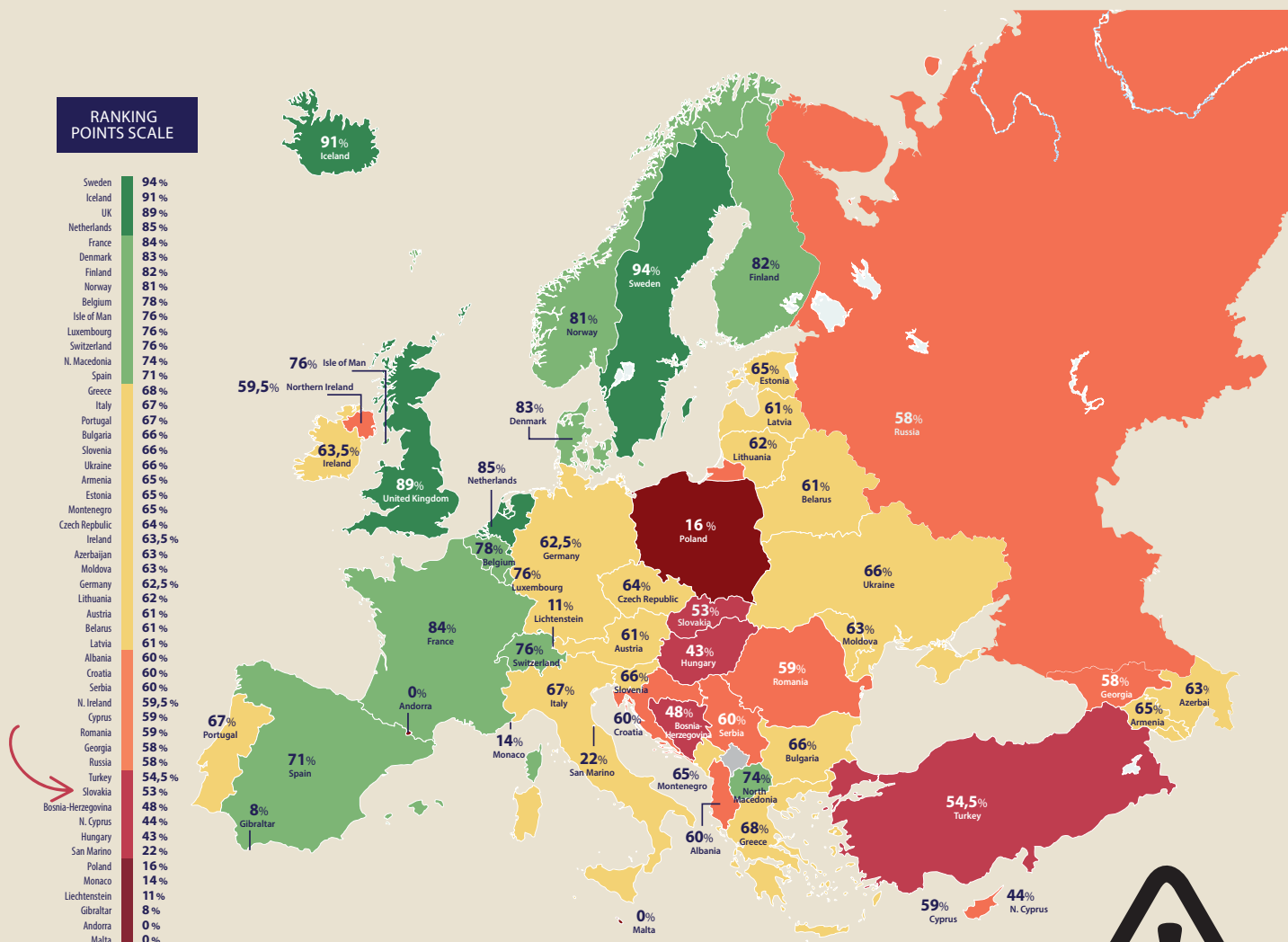


možnosť voľby
FREEDOM OF CHOICE

HOW DOES SLOVAKIA PROTECT WOMEN'S RIGHT TO HEALTH?

Abortion policies ranking scale:

Slovakia ranks among the worst countries in Europe



Source: *European Abortion Policies Atlas 2021*. Available at: <https://www.ippfen.org/resource/european-abortion-policies-atlas>

According to the European Abortion Policies Atlas, Slovakia is ranked as the 43rd in providing abortion care. In total, the ranking evaluates policies in 52 countries.

**43rd
out of 52**

A Freedom of Choice survey has confirmed that women in Slovakia face multiple barriers when accessing safe abortions. These obstacles include a lack of information, mandatory waiting periods, limited availability of services near their homes, high costs, the inability to access medical abortion, and reproductive health services being denied based on religious convictions (the so-called conscientious objection).

This forces women to seek reproductive health care abroad, take up debts or endanger themselves by attempting to induce spontaneous miscarriages. These obstacles make women feel helpless and desperate.

Women's voices

I was already thinking of jumping out of a window. I was thinking about dying or about hurting myself in such a way that I would lose the child and survive, so that I would be able to take care of the child I already have. Because actually I would like to look after the child that I already have. Really, I was having thoughts of killing myself, just to not have that child.

Timea, 33

ABORTION

Difficult access to abortions drives women to cross borders. Entire 15% of women had got abortions abroad.

WHAT KIND OF OBSTACLES DO WOMEN HAVE TO OVERCOME?

ACCESSIBILITY OF INFORMATION

Entire 67% of women who had an abortion reported a lack of information: especially, information about facilities that provide abortions, about the abortion methods used and the associated costs.

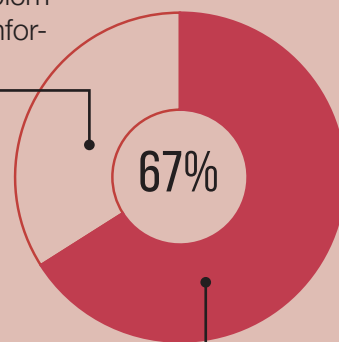
“

It is a taboo. No hospital website shows information on abortions. Only the private ones do, but even there some information is missing.

While planning to get an abortion, did you have a problem accessing some information? (in percentage terms)

I did not have a problem getting any kind of information

I lacked some types of information



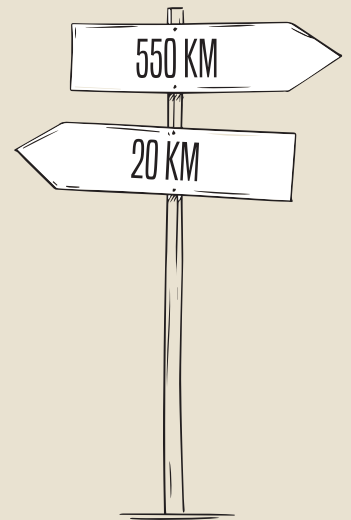
RECOMMENDATIONS

Make information accessible by creating a publicly available register of healthcare facilities that provide abortions and other types of reproductive health care. Including providing respectful and science-based support for women who decide to use these services.

ACCESSIBILITY OF SERVICES

Up to 38% of women experienced obstacles and barriers accessing abortion:

They had to travel between 20 and 550 kilometres, because abortions were not being provided in the area where they lived. Some were denied abortions or abortion-related medical examinations or they had to contact healthcare facilities repeatedly, because they had not been able to reach them. Some have experienced even more barriers.



DENIAL OF REPRODUCTIVE HEALTH CARE SERVICES BASED ON RELIGIOUS CONVICTIONS (“CONSCIENTIOUS OBJECTION”)

One in four women (25%) has encountered the so-called conscientious objection to abortion by providers of reproductive health care services. They were denied information, preoperative examinations or abortions or were refused to fill-in application forms. Some women encountered entire healthcare facilities unwilling to perform abortions. Women then had to seek the service abroad, find a different gynaecologist or a different facility that would provide abortions. They experienced stress, humiliation, fear and emotional distress.

“

The chief physician was very unpleasant and firmly opposed my decision. I had an abortion on medical grounds. He did not consider it to be a sufficient reason. It was extremely uncomfortable.

“

The gynaecologist was very reserved. It does not surprise me that young girls take their lives or end up in psychiatric wards. The gynaecologist did not provide me with any information at all. She only gave me accusatory and hateful looks.

1 IN 4
WOMEN



has encountered
the so-called
conscientious
objection



RECOMMENDATIONS

Ensure that facilities that provide abortions at a woman's own request are available in all regions. Their geographical distribution must be adequate.

In case that individual health care workers refuse to provide the service, measures must be adopted to ensure that the healthcare facility will be required to have a doctor who provides the service.

MEDICAL ABORTION (THE ABORTION PILL)

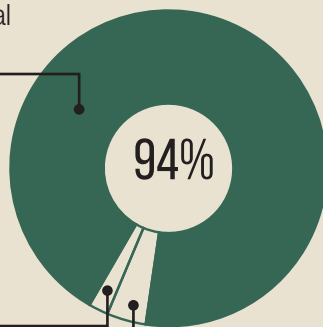
Up to 94% of women in our research on the accessibility of contraception would welcome being allowed the choice between medical and surgical abortions.

“In Slovakia, only surgical abortions are currently available. The medical termination of pregnancy using a pill is not possible. What do you think of it?” (The results are in percentage terms.)

Women should be given a choice between medical and surgical abortion (94%)

In my opinion, it is OK that medical abortion is not allowed in Slovakia (2%)

I cannot assess this (4%)



“

At the same time, the pill should be available, just as it is available in Austria and in other normal democratic countries. Anything else is unacceptable to me.
Darina

3 OF 4
WOMEN



who have had an abortion would prefer medical abortion.



RECOMMENDATIONS

Make the most up-to-date abortion methods available, including medical abortion.

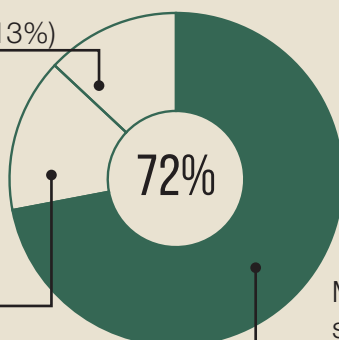
MANDATORY WAITING PERIODS AND OTHER DELAYS IN THE ACCESS TO ABORTIONS

The mandatory waiting period before abortion has affected 65% of women. They mostly considered it to be an useless delay, as they had already made up their minds firmly. Some women were stressed by the waiting, because they wished for the surgery to be over as soon as possible. Other women were pressed for time approaching the 12-week statutory time limit for abortions at a woman's request and some had extra expenses, because they had to travel repeatedly.

After a mandatory counselling by the doctor and after the report is submitted, women have to wait for at least 48 hours to have the procedure. What do you think of this? (The results are in percentage terms.)

I cannot assess this (13%)

The mandatory waiting period of 48 hours should be retained (15%)



Mandatory waiting periods should be abolished (72%)

72% of women who have had abortions wish for the mandatory waiting periods to be abolished.

“

I was not aware of the waiting period. They just gave me an appointment two days later. I wanted to get it over with. It was awfully difficult. I had the feeling of just wasting time, because I had already made a firm decision.

It is very hard, that waiting period. Then they called me and postponed it by one more day. At that moment, I nearly broke down, to wait for one more day, for God's sake – how could I manage that? I almost fainted at that moment.

Jarmila, abortion at the age of 24, Slovakia



RECOMMENDATIONS

Abolish the mandatory waiting periods before abortion.

FINANCIAL (IN)ACCESSIBILITY OF ABORTION CARE

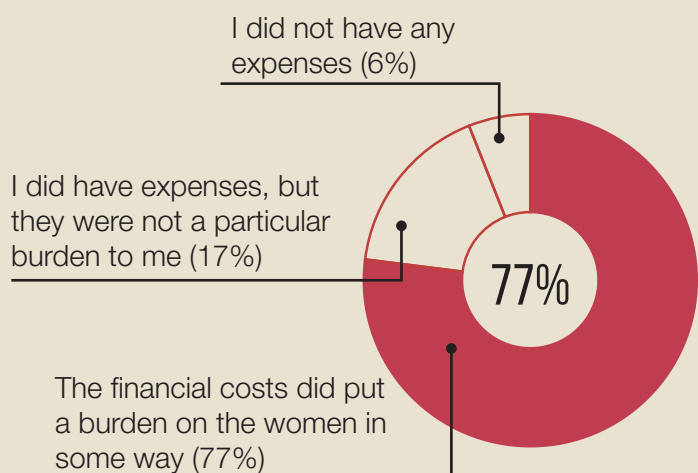
Abortion financially burdens 77% of women.

27% of women had to use their savings,

26% of women could not afford the medical procedure and someone close to them (their partner, family or a friend) had to pay for it,

12% of women ended up with debt and 10% of women had to cut other family expenses.

How did the abortion expenses burden you?
(The responses are in percentage terms.)



“

A clinic told me it would cost 500-600€. So I quickly reconsidered it and found a different clinic. In the end, I paid around 300€. But my boyfriend gave me the money. Otherwise I would not have been able to do it.

Jarmila, abortion at the age of 24, Slovakia

An overwhelming majority of women (85%) believe that abortion should be partially or fully covered by health insurance.

95% of women agree to this in case the pregnancy is a result of rape.



RECOMMENDATIONS

Ensure free access to both surgical and medical abortions and to medical examinations related to abortion.

SERVICE QUALITY AND RESPECT

Nearly half of women (49%) who had abortion have experienced a negative attitude in the healthcare facility. Women faced unpleasant remarks about themselves, health care workers tried to talk them out of having an abortion or they were forced to see an ultrasound of the fetus or to listen to the fetus' heartbeat. Some gynaecologists refused to provide women with further care following abortions.

“

Before the procedure, they gave me an ultrasound. The doctor asked me to look at the screen to see how the baby's heart was beating and such things. I was totally taken aback by that, because she was trying to make me feel guilty. She also made remarks – like, you are already a mother, why, aren't you sorry for the little child. She wanted to talk me out of it, she expected I would break and decide not to have an abortion.

Iveta, abortion at the age of 38

“

The doctor started asking me if I cheated on my husband, if I had this child with a lover or whether my husband was addicted to alcohol or abusive, and so on. I thought to myself: I am extremely vulnerable at this moment and this is what you are going to tell me? I left the place in tears and completely upset.

Silvia, in the end, she had an abortion in Austria

LIMITED ACCESS TO CONTRACEPTION LEADS TO A HIGHER NUMBER OF ABORTIONS

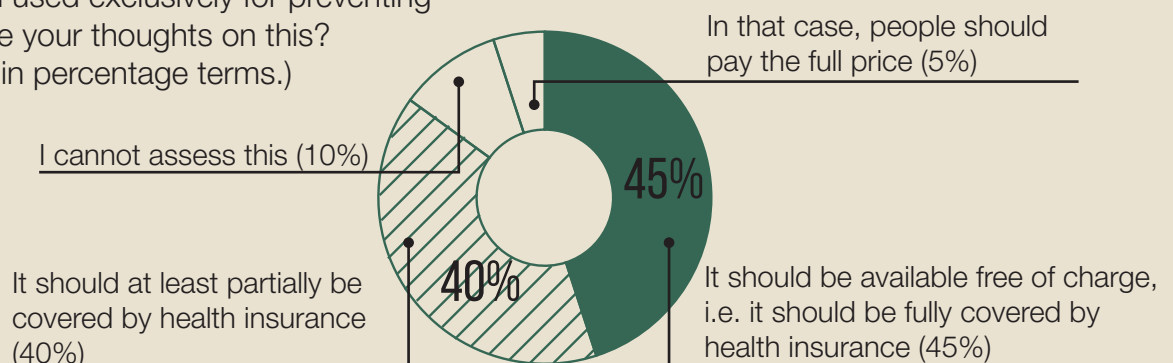
53% of women have faced obstacles when using contraception. In some cases, close relatives or friends tried to talk them out of it. Some women had to choose a cheaper form of contraception due to a lack of money and others were not able to afford any kind of contraception at all.

22% of women encountered the so-called conscientious objection in relation to access to contraception. Sometimes pharmacists refused to hand them out contraception or to provide information on it. Other women were denied information and prescriptions for contraception at gynaecological surgeries.

Women who had to stop or limit using contraception due to a lack of financial means, tend to have more experience with abortion than other women. This suggests that the inaccessibility of contraception leads to unintended pregnancies and abortions serve as a replacement for contraception.

Most women (85%) support the idea that health insurance companies should participate in covering the financial costs of contraception - including in cases without medical indications.

In Slovakia, individuals must bear the full cost of contraception when used exclusively for preventing pregnancy. What are your thoughts on this?
(The responses are in percentage terms.)



“

I asked my gynaecologist for contraception to treat problems caused by myomas. He refused to prescribe it, telling me to think of pregnancy, because I was already 37 years old and had no children.

I was 18 and I had told my doctor that I had been going out with a boy for around a year. I expected to have sex in summer, so I wanted pills. She told me not to "whore around".



RECOMMENDATIONS

Ensure access to free contraception of one's own choice, including sterilisation and vasectomy.

Make sure that quality standards are met when providing unbiased, science-based, factual and accurate information about contraception, different contraceptive methods, their use and more.

BASIC INFORMATION ABOUT THE RESEARCH

The research on women's experiences with access to abortion and contraception consisted of three parts. In the first part, we conducted in-depth interviews with 15 women who had abortion. In the second part, we conducted an anonymous online questionnaire survey about the experiences with access to abortion. We received replies from 173 women from Slovakia who had had abortions after 2009.

In the third survey using an online questionnaire, we asked 621 women about their experiences with accessing contraception and selected reproductive health care services.

Source: Jójárt P., Mesochoritsová A., Filadelfiová J., Faragulová Z., Holubová B.: Women's Experiences with Accessing Abortion and Contraception in Slovakia - Hurdles on the way to respectful and safe reproductive health care services. Freedom of Choice 2021. Available at: <http://moznostvolby.sk/skusenosti-zien-s-pristupom-k-interrupciam-a-antikoncepcii-na-slovensku/>

Freedom of Choice (Možnosť voľby, 2001) has since its beginning systematically devoted itself to the improvement of reproductive rights and health in Slovakia. Freedom of Choice belongs to the most active organisations in the field of human rights and gender equality. Besides reproductive health, it also deals with the prevention of gender-based violence and with the application of gender perspectives in public policies. The organisation's members comment on legislative materials, monitor the current situation, conduct research and propose improvements. They are active in participatory bodies (e.g. The Slovak Council for Human Rights, National Minorities and Gender Equality). They collaborate with human rights organisations, public institutions or the media and raise awareness about these issues. For a long time, they have been offering experiential gender training sessions for various target groups, including politicians. It is their dream and goal that Slovakia becomes a just and caring country where everyone can live a dignified life.

You can also support our work by a financial donation. We greatly appreciate all your support.

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Iceland 
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 **možnosť voľby**
FREEDOM OF CHOICE

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The right of children and young people to comprehensive sexual education is in danger

On Relationship and Sexuality Education in Slovakia

Comprehensive relationship and sexuality education (RSE) is one of the key ways of reducing the number of unwanted pregnancies. It helps young people make informed and responsible decisions concerning their health and sexuality. Currently, topics related to RSE are mainly taught within the cross-cutting subject called Education towards Marriage and Parenting. To some extent, they are also present in other subjects, such as civic education or ethics.

Regarding the teaching of RSE, Slovakia has repeatedly faced criticism from experts, as well as various human rights institutions such as the UN Committee on the Rights of the Child or the UN Committee on the Elimination of Discrimination against Women.

Qualitative research conducted by Freedom of Choice on teachers' experiences with teaching RSE confirms there are several problematic areas. This results in a situation when **the right of children and young people a good quality RSE is not fulfilled sufficiently.**

WHY DO WE NEED RELATIONSHIP AND SEXUALITY EDUCATION?

Children and young people deserve and have the right to be healthy, happy, and safe. Systematic and long-term comprehensive relationship and sexuality education equips young people with the knowledge, skills, and tools needed to make timely, responsible, and informed decisions about their relationships.



WHY DO WE NEED RELATIONSHIP AND SEXUALITY EDUCATION?

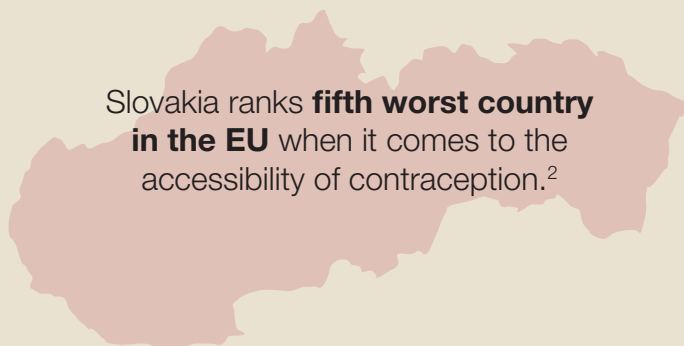


In Slovakia, one in every 38 girls **aged 15 to 19** is pregnant.

Teenage pregnancies are 5 times more likely to occur compared to Finland, for instance.¹



Slovakia ranks **fifth worst country in the EU** when it comes to the accessibility of contraception.²



Every tenth woman has experienced **some type of sexual violence**.³



One in every five women aged 18 to 64 **has experienced intimate partner violence**.⁴



Approximately **10% of children and adolescents** experienced **someone asking them for intimate information online**, in the past year.⁵



Victims of sexual exploitation and grooming (a practice when usually an adult starts communication with a child or an adolescent with the intention of having sexual contact with them, often leading to exploitation or abuse) are overwhelmingly **girls aged 11 to 14**.⁶



As much as 26% of children and adolescents do not talk to anyone about their negative experiences online.⁷







12% of children **have encountered pornographic content** already at the age of 6. Most young people have an experience with porn between the ages of 12 to 14.⁸



WHAT IS COMPREHENSIVE RELATIONSHIP AND SEXUALITY EDUCATION?

Comprehensive relationship and sexuality education (RSE) deals with relationships, emotions, and the physical and social aspects of sexuality. It aims to equip young people with age-appropriate knowledge, skills and attitudes that **will help them make responsible and informed decisions so they can have healthy, safe, and respectful relationships** (UNESCO).⁹

According to the World Health Organisation, studies in several European countries have shown that the **introduction of long-term nationwide programs on sexual education** has also led to:

-  a decrease in the number of teenage pregnancies and abortions
-  a decrease in sexually transmitted infections in young people aged 15 to 24
-  a decrease in the occurrence of sexual abuse
-  and to further positive developments¹⁰

THE PILLARS OF RELATIONSHIP AND SEXUALITY EDUCATION:



AGE ADEQUACY

Age adequacy, the content of the curriculum is adapted to the healthy psycho-sexual development of the individual.

OBJECTIVITY AND IMPARTIALITY

Objectivity and impartiality ensure that the content of RSE is backed by facts, evidence, and research.

ACTUALITY

Actuality of the information and the educational processes must always be based on the most up-to-date data, findings, and research.

RESPECT

Respect for diverse opinions, beliefs, and values.

INCLUSIVITY

Inclusivity, because every child is unique and has their own educational needs. The need for and commitment to non-discrimination on all grounds also emanates from international treaties (such as CEDAW) and the anti-discrimination law.

PROFESSIONALISM OF THE TEACHING PERSON

The professionalism of the teaching person assumes that the person who teaches RSE must have specific knowledge, skills, and attitudes that are clearly defined.

The World Health Organisation and UNESCO

RSE has its own, clearly defined requirements and didactic methods. It also places specific requirements on people who teach it. These requirements and procedures were developed by international authorities in the fields of health, education, and children's rights. They are defined by the standards created by UNESCO and the WHO as well as by other documents. For more information, please use the QR code:



WHAT KIND OF PROBLEMS DO WE EXPERIENCE IN SLOVAKIA?

The research conducted by Freedom of Choice has drawn attention to several problems that may have a negative impact on whether and what kind of education children and young people receive in this area.

The education on relationships and sexuality that pupils in Slovak schools receive greatly varies in both its scope and quality = pupils may not have access to adequate knowledge about sexuality and relationships.

WHY IS THAT?

- ✗ Teachers do not receive sufficient support and there is no educational system in place for teaching RSE in an appropriate manner. They mostly cited insufficient preparation at universities to teach this subject and a lack of opportunities to undergo further training.
- ✗ They are also missing teaching materials they could use directly in class. They either search for materials on their own or do not have capacity to do so at all.
- ✗ Textbooks for individual subjects do not cover all topics that should be taught.

“**Teachers are not prepared for it. They are certainly not, because they have nowhere to acquire the education and knowledge required, about how to teach, what to teach, and what teaching methods should they apply.**”
Teacher B

“I was thrown into the deep end and expected to swim.”
Teacher H

“Nothing at all is available on this topic. At the end of the day, you have to learn it all on your own.”
Teacher A

When describing why supporting teaching materials are necessary, teachers reported that having unified RSE teaching materials would contribute to the educational content being unified and of good quality. In practice, teaching materials would also take away some of the teachers’ workload and save time during lessons. Moreover, these materials may serve as further help for parents.

WHY DO TEACHERS NEED MORE EDUCATIONAL MATERIALS?



- ✓ TO STANDARDIZE WHAT IS BEING TAUGHT
- ✓ TO GUARANTEE THE QUALITY OF THE EDUCATIONAL CONTENT
- ✓ TO SAVE TIME WHILE TEACHING
- ✓ TO REDUCE THE TEACHERS’ WORKLOAD
- ✓ TO SUPPORT PARENTS

“How does it work? Well, it doesn’t really. It does not work in any way, let’s be honest about it.”
Teacher A

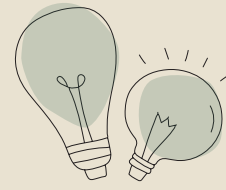
- ✗ Insufficient coordination when teaching the cross-cutting topic of RSE.

As it is a cross-cutting topic covered in different subjects, it is necessary for teachers of these subjects to actively coordinate their efforts. While this coordination does take place in some schools, in other schools it may be problematic or even entirely absent.
- ✗ The current syllabus for Education towards Marriage and parenting (MPE) does not sufficiently fulfill the needs of today’s youth and does not meet expert standards.

There is not enough space dedicated to the teaching of topics related to RSE.

- ✗ In schools with higher allocation of lessons for subjects that include RSE/MPE, this can to some extent be dealt with through an adjustment of the curriculum - however, this depends on whether the individual teacher is interested in these issues.
- ✗ In some schools - secondary vocational schools in particular - subjects including the cross-cutting theme of MPE are entirely absent or there are very few allocated lessons in which this topic can be discussed.

SOLUTIONS



- ✓ Newly define high-quality educational content in line with international standards of relationship and sexuality education
- ✓ Support coherence and continuation in education
 - Instead of teaching this educational content within the cross-cutting topic of MPE, include it in other subjects and strengthen the coherence of related contents in these subjects (ethics, civic education, and others)
 - Create a separate subject with clearly defined educational content
 - If the cross-cutting aspect of RSE is kept in place, provide schools with sample materials on how to incorporate topics related to RSE into the school curriculum so that the content that pupils and students learn in different subjects is connected
- ✓ Revise existing methodological and teaching materials. Encourage the creation of high-quality methodological and teaching materials for topics related to RSE/MPE
- ✓ Support high-quality education of teachers in the field of RSE
- ✓ Ensure adequate opportunities for all pupils to have access to high-quality RSE

By ratifying several conventions on the protection of human rights, Slovakia has voluntarily committed itself to providing high-quality education on the topics of relationships and sexuality, so that the rights to health and education of Slovak citizens can be fulfilled. UN monitoring bodies keep record of how Slovakia honors its commitments when it comes to implementing high-quality relationship and sexuality education.

High-quality relationship and sexuality education is a key tool for preventing unwanted pregnancies.

Let Slovakia be a country that cares.
Women's health and lives are at stake.

#CaringCountry
#Women'sHealth

GIVEN THE SITUATION, THE UN APPEALS TO SLOVAKIA TO:



- ensure that education about sexual and reproductive health and related rights becomes part of standard school curricula. This education must be age-appropriate, based on scientific facts and international human rights standards.
- without delay adopt and implement a comprehensive program dealing with sexual and reproductive health and rights that complies with international human rights and the World Health Organisation's standards.
- allocate human, technical, and financial resources and instruments to implement this program and ensure that there are qualified and skilled educators
- make sure that organizations dedicated to protecting women's rights - especially those dealing with sexual and reproductive health and rights of women - freely, actively, and meaningfully participate in the creation, implementation, and monitoring of this program
- adopt effective measures to broaden access to affordable contraception, including educating the public and improving their knowledge about available forms of contraception



InTYMYta (formerly The Society for Planned Parenthood) has for more than 30 years provided adequate, high-quality, comprehensive relationship and sexuality education as well as awareness raising related to sexual and reproductive health.

InTYMYta offers inclusive education for children, youth, parents, adults, teachers, companies, doctors and other groups. InTYMYta's vision is a healthy, just, and respectful society for everyone, with the help of relationship and sexuality education.

This document was created based on research results conducted by Freedom of Choice and other expert materials:

Alexandra Ostretágová, Dagmar Horná, Adriana Mesochoritisová: **Sexuálna výchova – sondy do možností zlepšenia jej výučby v Slovenskej republike, republike** (Sexual education - exploring opportunities for improvement in Slovakia). 2021. Možnosť voľby;

The research report available HERE:

<http://moznostvolby.sk/sexualna-vychova-sondy-do-moznosti-zlepsenia-jej-vyucby-v-slovenskej-republike/>

A summary of the main findings and recommendations can be found HERE:

<http://moznostvolby.sk/hlavne-zistenia-a-odporucania/>

¹ WORLD BANK. Adolescent fertility rates (births per 1000 women ages 15-19). *The World Bank Data* [online]. 2019 [cit. 2022-04-21]. Available at: <https://data.worldbank.org/indicator/SP.ADO.TFRT?end=2019&locations=SK&start=1960&view=chart>

² EPF. Contraception Policy Atlas Europe. *EPF* [online]. 2022 [cit. 2022-04-21]. Available at: https://www.epfweb.org/sites/default/files/2022-02/CCeptionInfoA3_EN%202022%20v10.pdf

³ OČENÁŠOVÁ, Zuzana a Peter MICHALÍK. Sexuálne násilie na ženách – správa z reprezentatívneho výskumu. (Sexual violence against women - representative research report) Bratislava, 2017. Inštitút pre výskum práce a rodiny.

⁴ Ministerstvo práce, sociálnych vecí a rodiny SR. *Národný akčný plán na prevenciu a elimináciu násillia na ženách na roky 2014 - 2019*. (Ministry of Labour, Social Affairs and Family of the Slovak Republic: *National action plan to prevent and eliminate violence against women for 2014-2019*) Bratislava, 2013. ISBN 978-80-89125-17-3. Also available at: https://www.gender.gov.sk/wp-content/uploads/2012/06/NAP_nasilie_print.pdf

⁵ Izrael, P., Holdoš J., Ďurka R., Hasák M.. *Správa z výskumu EU KIDS ONLINE IV Slovensko. Národný projekt Podpora ochrany detí pred násillím*. (EU KIDS ONLINE IV Slovakia research report. *National project Promoting the protection of children from violence.*) 2020. Available at: http://www.ku.sk/images/dokumenty/ff/Sprava_z_vyskumu_EU_Kids_Online_Slovensko_2018_-2020.pdf

⁶ CEOP. *Threat Assessment of Child Sexual Exploitation and Abuse*. 2013. Available at: https://www.norfolkscsb.org/wp-content/uploads/2015/03/CEOP_Threat-Assessment_CSE_JUN2013.pdf

⁷ Izrael, P., Holdoš J., Ďurka R., Hasák M.. *Správa z výskumu EU KIDS ONLINE IV Slovensko. Národný projekt Podpora ochrany detí pred násillím*. (EU KIDS ONLINE IV Slovakia research report. *National project Promoting the protection of children from violence.*) 2020. Available at: http://www.ku.sk/images/dokumenty/ff/Sprava_z_vyskumu_EU_Kids_Online_Slovensko_2018_-2020.pdf

⁸ SEJBALOVÁ, MUDr. Petra a MUDr. Jana MARTINCOVÁ. *Průzkum na téma: Děti ohrožené pornografií a on-line sexuálními agresory* [online]. (Survey on the issue: *Children threatened by pornography and sexual predators online*) 2021 [cit. 2022-04-21]. Available at: doi:10.36290/psy.2021.040

⁹ International technical guidance on sexuality education an evidence-informed approach <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>

¹⁰ World Health Organization, regional office for Europe, and Federal Centre for Health Education

¹¹ Modeled by InTYMYta (formerly The Society for Planned Parenthood)

Freedom of Choice (Možnosť voľby, 2001) belongs to the most active advocacy organizations protecting reproductive rights and health. Since its establishment in 2001, it has systematically advocated for women's human rights. Besides reproductive health and justice, it is also dedicated to the prevention of gender-based violence and with the implementation of gender perspectives in public policies.

We respond to political decisions that have discriminatory effects and propose legislative changes: we comment on legislative proposals, organize public comments and protests. We conduct research, monitor the current situation, and inform the public as well as the international community. We engage in dialogue with state actors, public institutions and politicians. At the same time, we are actively engaged in participatory bodies (e.g. The Slovak Council for Human Rights, National Minorities and Gender Equality).

In order to mobilize as many people as possible for the defense of human rights and gender equality, we organize experiential hands-on gender equality training sessions.

Our organization has extensive experience providing gender equality education for adults. We have a wide range of educational programs aimed at various target groups, including politicians. In its work, Freedom of Choice consistently relies on international human rights conventions and advocates for solutions to achieve gender equality and the protection of human rights.

Our goal is for Slovakia to be a just and caring country, where all of us can live a dignified life.



You can also support our work financially.
We are thankful and deeply appreciate every contribution

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Liechtenstein
Norway **Active
citizens fund**

 **možnosť voľby**
FREEDOM OF CHOICE

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Women travel more than 100 km to get abortions

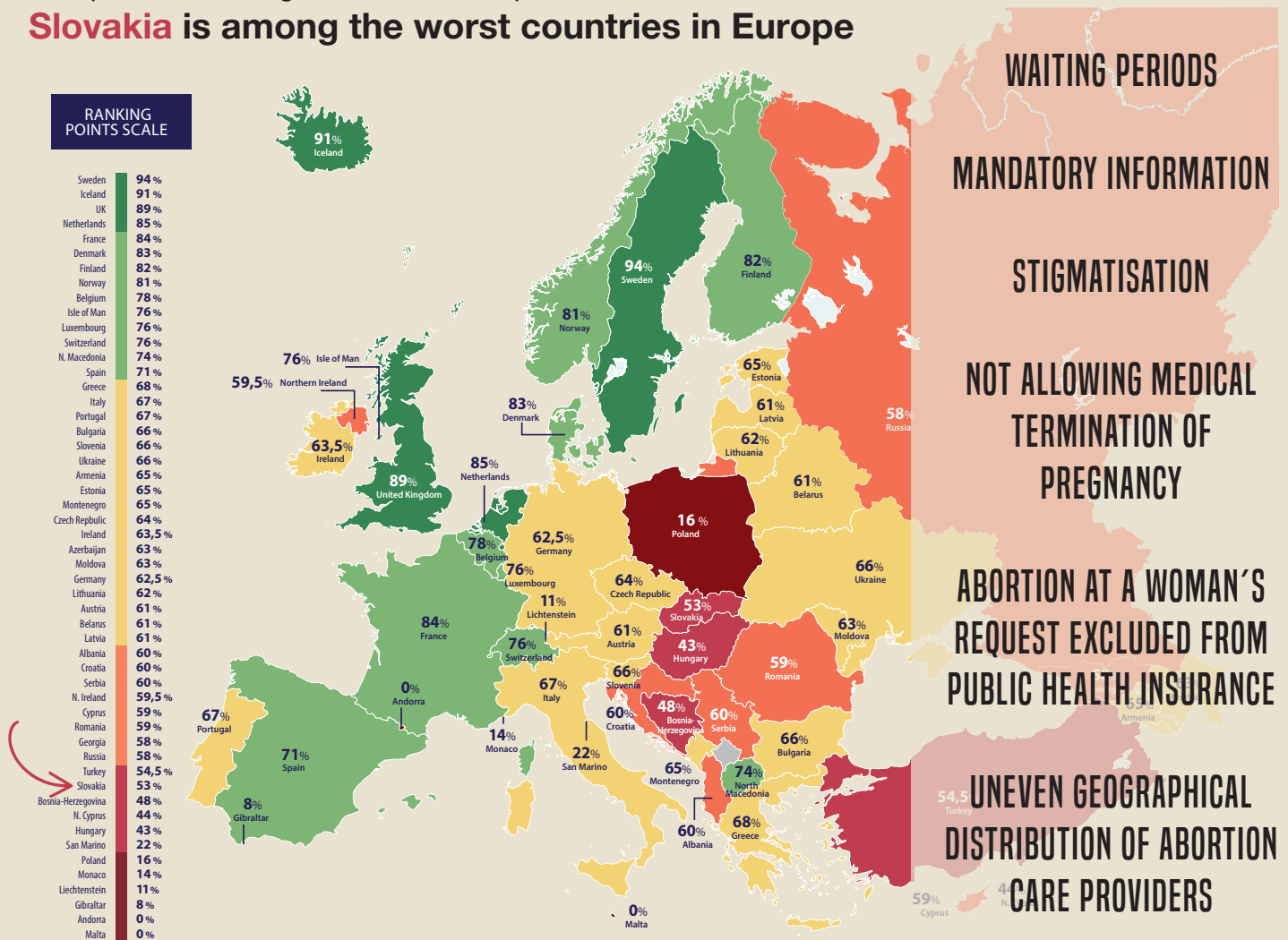
On the accessibility of abortions in Slovakia

The right to health is a basic human right. It requires that women have timely access to safe, affordable and high-quality abortion services. Any obstacles concerning the access to abortion reinforce inequality, discrimination and poverty of women and violate a whole range of their human rights.

Limiting access to abortion puts women's health and lives at risk. It may lead to abortions being carried out too late or to abortions being provided in dangerous conditions, with the use of dangerous methods.

Comparative ranking of abortion care policies:

Slovakia is among the worst countries in Europe



Source: *European Abortion Policies Atlas 2021*. Available at: <https://www.ippfen.org/resource/european-abortion-policies-atlas>

According to the European Abortion Policies Atlas, **Slovakia ranks 43rd** when it comes to providing abortion care. In total, the ranking evaluates policies in 52 countries.

43rd of 52

Information availability and accessibility

HOW TO FIND OUT WHERE AND UNDER WHAT CONDITIONS YOU CAN GET AN ABORTION

Women who would like to get an abortion find themselves under time pressure, as they have to get the procedure within the statutory time limit. They have to endure a mandatory waiting period and visit a doctor repeatedly.



1 When you take a look at the **websites** of healthcare facilities,

1/3

of them do not inform about abortions at all

of them only mention abortions indirectly in the price lists

Information on the webpages is often not up-to-date or accurate. You will only find out whether they actually perform abortions after you visit them or make a phone call.



2 **Calling** the healthcare facilities is time-consuming. When we called the health care providers,

12 %

of the facilities could only be reached after being called 3 times within a timespan of 2 weeks

16 %

of the facilities could not be reached at all



3 There is no publicly accessible list of healthcare facilities that provide abortions. Even your **gynecologist** may not be able to provide you with accurate information. Some women do not have a contract doctor. Some go to doctors who reject abortion care. Women then have to contact abortion providers directly.

Women's voices

At first, I called them and they told me to come. (...) When I reached the hospital, the nurse rushed towards me and said: "The doctor who carries out abortions is not here. All the others are objectors, please, go away." That was all. (...) They gave me a piece of advice, I went there and (...) I did not succeed. I was completely desperate.

Iveta, abortion at the age of 38

THE ACCESSIBILITY OF INFORMATION ON ABORTION CARE, USED PROCEDURES AND FEES IS LOW.

HOW CAN THE SITUATION BE IMPROVED?

The Ministry of Health and the National Health Information Centre should create a list of healthcare facilities that provide abortion upon request without medical indications. The list should:

- Inform about the abortion providers, the procedures used and the final prices to be paid;
- get updated regularly;
- be available on the website of the Ministry of Health, on the websites of local administrations as well as in gynaecological waiting rooms.

It must be ensured that gynaecological health service providers display clear and detailed information about the providing of abortions and of other types of reproductive health services on their website.



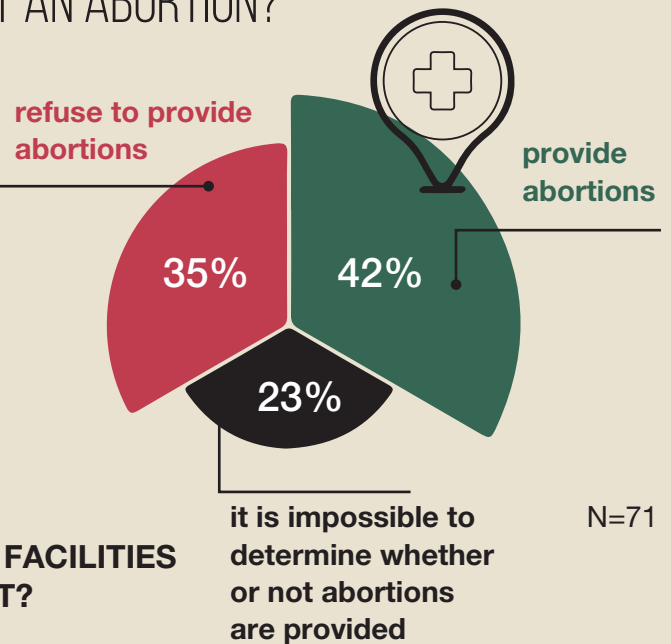
Geographical accessibility

WHERE CAN YOU GET AN ABORTION?

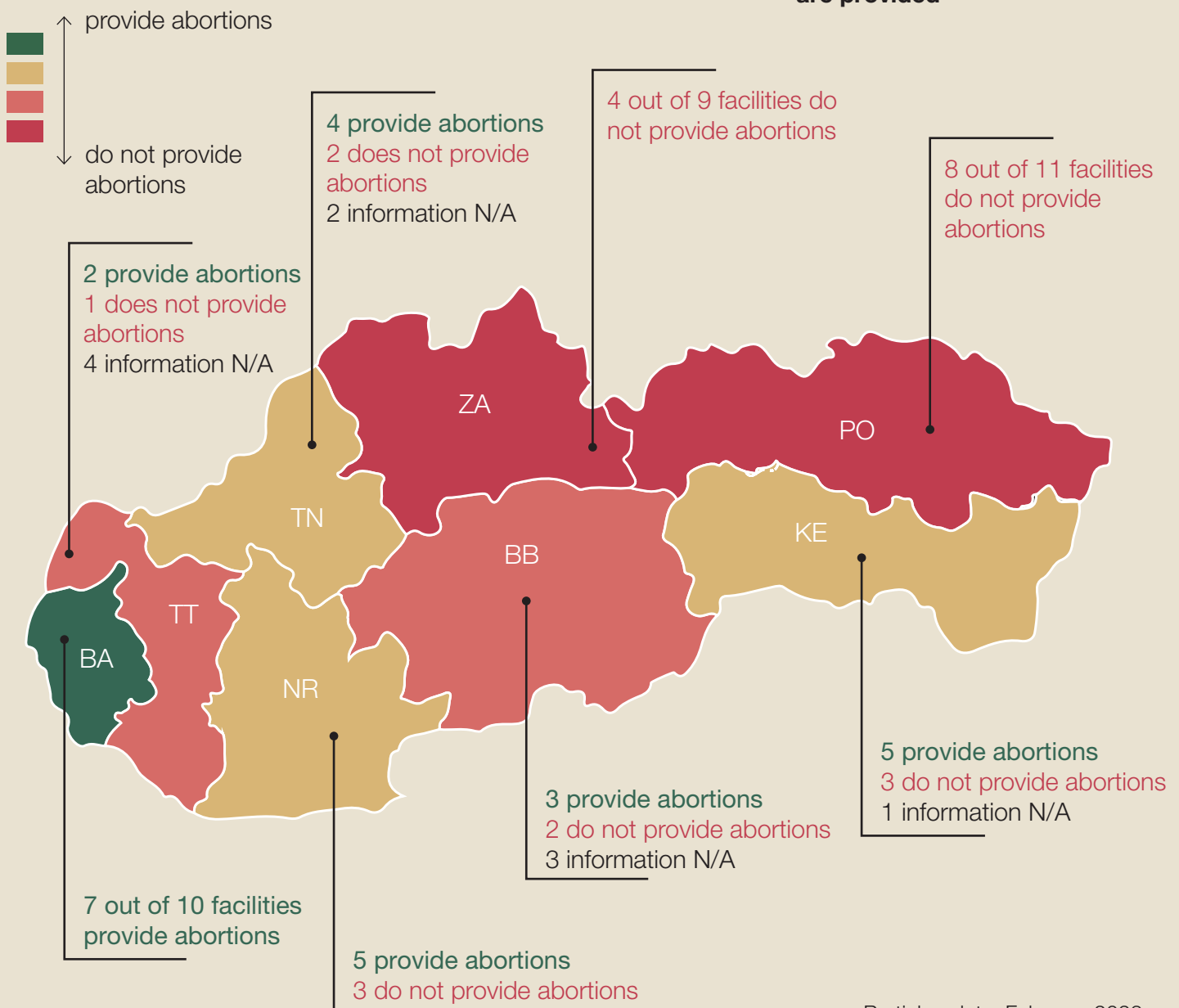
DO HEALTHCARE FACILITIES PROVIDE ABORTIONS?

35% of medical facilities refuse to provide abortion upon the woman's request.

There are great regional differences. The accessibility of medical care is best in the Bratislava region. On the other hand, the worst situation is in Prešov and Žilina regions. At the time being, one medical facility is already serving too many patients. After the envisioned optimisation of the hospitals network, this might worsen once again.



HOW MANY OF THE 70 MAPPED HEALTHCARE FACILITIES PROVIDE ABORTIONS AND HOW MANY DO NOT?





Women's voices

Before the procedure, it is necessary to undergo multiple medical examinations. Since these were not available, I had to carry a dead fetus in my body for more than a week.

From an anonymous online survey



What prevents women from receiving medical care?

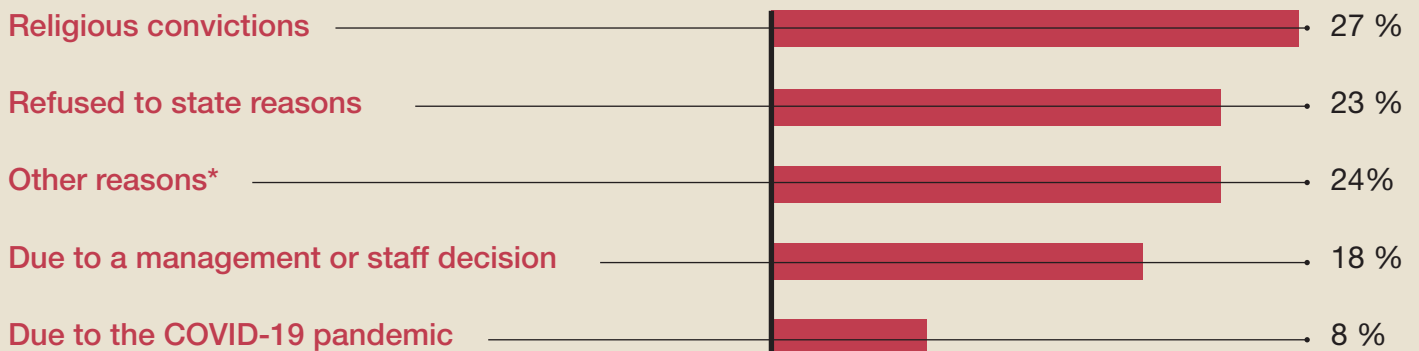
I do not have to tell you that. We just do not do (abortions) and that's it.
A healthcare centre, Banská Bystrica region

Abortions are not being carried out, have not been carried out and they will not be carried out. (...) It is a given.. Just as it is a given that they do not sell crystal chandeliers at Lidl and people do not go there demanding such products. In the same way, people know that this issue is closed in our gynaecology and obstetrics.

A healthcare centre, Žilina region

The accessibility of abortions in Slovakia is greatly impacted by the fact that entire healthcare institutions refuse to provide them. 27 Slovak healthcare institutions, around one third of those mapped in this study, do not carry out abortions.

WHAT ARE THEIR REASONS FOR THIS?



*for instance, they no longer have a gynaecologist or they only perform abortions on medical grounds.
Partial update, February 2023.

A LOT OF HEALTHCARE FACILITIES ARE REFUSING TO CARRY OUT ABORTIONS, THERE ARE HUGE NATIONAL DIFFERENCES IN THIS. SOME WOMEN HAS TO REPEATELDY TRAVEL OVER MORE THAN 100 KM TO GAIN ACCESS TO THESE REPRODUCTIVE HEALTH SERVICES.



HOW CAN THE SITUATION BE IMPROVED?

- Urgently address the situation in those regions where most healthcare institutions refuse to carry out abortions.
- Take the situation into account while preparing the optimisation of the hospital network.
- Rectify the situation when whole healthcare institutions refuse to provide reproductive health services due to religious or personal beliefs.
- In case individual employees refuse to provide medical care, make sure that women have access to abortions.
- Map the extent as well as the impacts of the refusal to provide medical care services due to religious or personal beliefs.



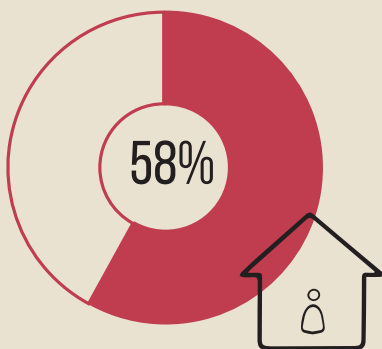
Financial accessibility

HOW MUCH WILL YOU PAY FOR AN ABORTION?

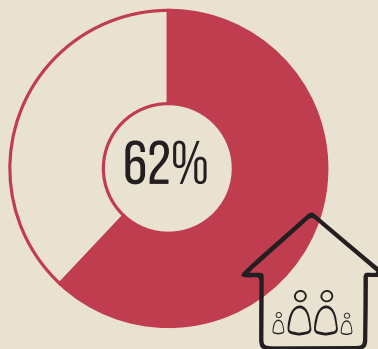
The average price for a legal abortion, including additional fees, is estimated to be **414€**. The regulation of the Ministry of Health sets the final price for an abortion at 248.95€. **Why the difference?** Because the set price is often not respected and women pay various hidden fees.



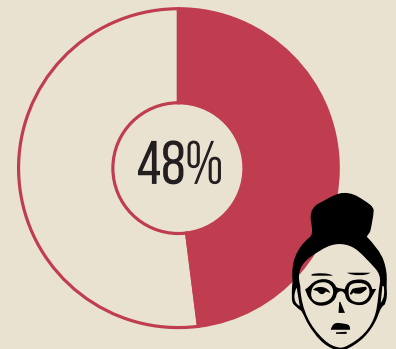
The estimated price (including fees) corresponds to:



58% of the monthly disposable income of a one-person household



62% of the monthly disposable income of a household with 2 adults and 2 dependent children



48% of the average nominal gross wage of young women aged 20-24.

Women's voices

For some women it is a big hurdle, especially for those who are younger, not working and their partner earns low income, and they already have many children. Well, I can't imagine...

Iveta, abortion at the age of 38

ABORTIONS ARE EXPENSIVE AND A LOT OF WOMEN CANNOT AFFORD THEM

HOW CAN THE SITUATION BE IMPROVED?

- Fees for abortions should be abolished. Abortions should be covered by public health insurance for all women.
- The respective regulation should include free abortions for women who had become pregnant as a result of rape and for those who experience violence by their partners.

Health care quality

HOW ARE ABORTIONS CARRIED OUT?

Surgical abortion is the only legal abortion method in Slovakia. The expert public, however, deems surgical abortions to be outdated and demands the introduction of medical abortions, which correspond to the latest scientific knowledge and are considered standard in the world.

“

In developed countries, the abortion pill has been in use for over 20 years. An increase in the number of abortions has not occurred in any of the countries where the pill had been introduced.

Martin Redecha, President of the Slovak Gynaecological and Obstetrical Society

Women's voices



Well, I find it wrong in regards to the protection of life and health, because a surgery is always more invasive. It would be better if a medical method was available as well.

But I believe it should be done under medical supervision.

Radka, 35

IN SLOVAKIA, ABORTIONS ARE NOT BEING CARRIED OUT IN ACCORDANCE WITH THE LATEST SCIENTIFIC KNOWLEDGE



HOW CAN THE SITUATION BE IMPROVED?



- A legislative change should be made so as to allow the use of medical abortion. The State Institute for Drug Control should re-approve the use of Mifegyne and Medabon and introduce them on the market.
- Let women decide whether they would like to have a surgical or a medical abortion.

WHAT ELSE CAN CONTRIBUTE TO SEXUAL AND REPRODUCTIVE JUSTICE?

- All modern forms of contraception should be covered by public health insurance.
- Raise awareness about contraception.
- Develop and publish standards for preventive, diagnostic and therapeutic procedures for reproductive and sexual health services, including safe abortion care, in accordance with Slovakia's human rights commitments and WHO standards

In its Constitution and laws, as well as by ratifying international conventions, the Slovak Republic has committed itself to the protection of reproductive rights. It has also demonstrated its willingness to implement them in practice by **voluntarily** becoming a member of the United Nations, of the Council of Europe and of the European Union. Reproductive rights are protected not only by human rights authorities, but also by medical bodies such as the World Health Organisation which has summarised its human rights and health standards in the Abortion Care Guideline (WHO, 2022).



Women in Slovakia face a lot of obstacles when accessing reproductive health services. This way, our country does not protect and fulfil their human rights, including the right to health. Together, we can change this.

Let us be a country that cares. Women's health and lives are at stake.

#StarostlivaKrajina
#ZdravieŽien

This material elaborates on the findings of research conducted by the feminist non-governmental organisation Freedom of Choice (Možnosť voľby) in 2021. The research aimed to determine the informational, physical, geographic and financial accessibility of safe abortions at a woman's request - without medical indications. To this end, we mapped 66 websites of inpatient or same-day gynaecological health care providers; we carried out 56 telephone inquiries (mystery calls) at such facilities and conducted 6 interviews with gynaecologists; we also handled 21 requests for access to information under the Access to Information Act No. 211/2000.

The research report and its main findings are to be found at **www.moznostvolby.sk**. You can also read other reports about our recent research on sex education and on women's experiences with accessing abortion and contraception there.

Source: "Availability of Reproductive Health Services in Slovakia. Report on Health Care Providers." Barbora Holubová (ed.), Adriana Mesochoritsová, Paula Jójárt.

Freedom of Choice (2001) is one of the most active advocacy organisations in the field of protecting women's human rights. It is the only such organisation that has - since its inception - systematically devoted itself to improving the protection of reproductive rights and health in Slovakia.

In addition to reproductive health, it also deals with the prevention of gender-based violence and with the application of a gender perspective in public policies. Our members react and propose changes to political decisions that have discriminatory effects. Our members comment on legislative materials, prepare public comments and protests. Besides that, they conduct research, monitor the situation and present information on it to the public both in Slovakia and abroad. They engage in dialogue with state and public institutions and with politicians. Freedom of Choice is active in participatory bodies, most of all, in the Slovak Government Council for Human Rights, National Minorities and Gender Equality.

In order to mobilise as many people as possible for the protection of human rights and gender equality, Freedom of Choice offers experiential gender training sessions. The organisation has extensive experience with gender education for adults in Slovakia. It also has the widest portfolio of educational programmes for various target groups, including politicians.

In its activities, Freedom of Choice consistently relies on international human rights conventions and promotes solutions aimed at achieving gender equality and protecting human rights as key social values. It is our dream and goal that Slovakia becomes a just and caring country, where everyone can live a dignified life.



You can support our work also financially. We are very grateful for every contribution. Thank you!

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